

August 2014

Why Should Montana Employers Care About Worksite Wellness?

Costs of Chronic Conditions in Montana

- In 2012, Montana employees experienced 15,700 work-related injuries and illness, and 4,800 of these resulted in at least one day away from work
- Montana experiences five cases of workrelated injury or illness for every 100 full time workers, more than the national average (3.4/100)
- Montana's manufacturing and construction industries had the highest rates of work-related injury and illness (8/100), about twice the national average rates in those same industries
- Among workers' compensation claims that involved no time off work (about 75% of claims in Montana), the average cost is \$2,000

Montana Asthma Control Program

1400 E Broadway Helena, Montana 59620-2951 (406) 444-9155

http://www.dphhs.mt.gov/asthma



One of the most important assets an organization has is its employees. Healthy employees are more productive and can save money for their employer through lower health insurance premiums and less time away from work due to illness or injury. Employers can help their employees make healthy choices by creating a healthy work environment, implementing health-promoting policies, and providing health improvement programs.

This report describes the burden of chronic disease among working Montanans, including the lifestyle choices and healthcare costs associated with these chronic diseases. This report also discusses ways in which employers can help their employees make healthy choices by creating a healthy work environment.

Table 1. Matrix of Unhealthy Lifestyles and the Health Conditions Associated with Them

	Tobacco Use	Lack of Physical Activity	Obesity			
Cardiovascular Disease*	X	X	X			
High Cholesterol		X	X			
Diabetes	X	X	X			
Cancer	X	X	X			
COPD, Emphysema	X					
Asthma	X		X			
Arthritis		X	X			
Unintentional Injury		X	X			

* Cardiovascular disease include coronary heart disease, heart attack, stroke, and high blood pressure.

Methods

This report utilized data from:

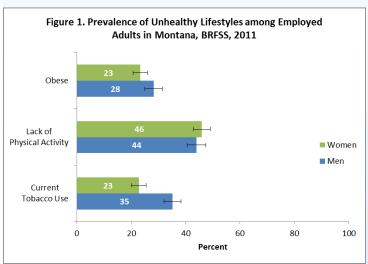
- The 2011 Behavioral Risk Factor Surveillance System (BRFSS), including only respondents that reported being currently
 employed for wages;
- The Montana Central Tumor Registry (MCTR), including adults aged 18 to 64 years;
- De-identified health insurance claims data from the Montana Association of Health Care Purchasers, including both inpatient and outpatient care and pharmacy claims for all active employees living in Montana during the calendar year of 2012. Medical claims were identified if the employee had a primary diagnosis code matching established ICD-9 lists defining that condition, and pharmacy claims were included if the drug class is used to treat the specified conditions and the employee had at least one medical claim with a primary diagnosis for that same condition.

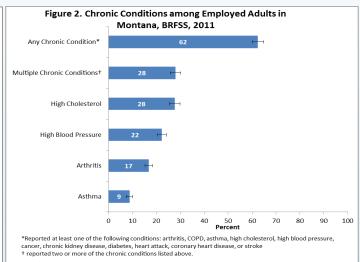
Lifestyle is Important

Unhealthy lifestyles are responsible for much of the illness, disability, and death related to chronic disease and injury (Table 1).²⁻⁹ The most common lifestyles that increase risk of

- All adults need 2 ½ hours of moderate physical activity each week and should do muscle strengthening activities on 2 days each week.
- Regular physical activity improves:
 - Weight management
 - Cardiovascular health
 - Muscle, bone, and joint health
 - Pain and stiffness associated with arthritis⁷

chronic disease and injury among employed adults in Montana are obesity, lack of physical activity, and tobacco use (Figure 1). The proportion of men and women who reported obesity and lack of physical activity were similar. However, men had significantly higher proportion of current tobacco use than women. Fortunately, these lifestyles can be altered to reduce the risk of chronic disease and injury.





Chronic Disease is Common and Costly

Chronic diseases are common health problems among employed adults (Figure 2). Six out of every 10 employed adults report having at least one chronic condition, and 3 out of 10 reported having two or more chronic conditions. The most common chronic conditions were:

- High Cholesterol
- High Blood Pressure
- Arthritis
- Asthma

 Over \$1.7 billion were spent on obesity-related medical care in Montana in 2010.⁶

Over 100 Montanans being diagnosed with cancer every week. Female breast cancer, lung cancer, and colorectal cancer account for 1/3 of the cancers diagnosed among working age adults, and 43% of new cancer diagnoses in Montana occur among adults of working age (18 to 64 years).

Data from the Montana Association of Health Care Purchasers (MAHCP) indicate that lung and colorectal cancers were by far the most costly per person (Table 2). However, the high cost of treating arthritis coupled with the number of working adults who report being diagnosed with arthritis make it

the most costly chronic condition for Montanans.

Note to our readers: If you would no longer like to receive this report or if you would like to receive it electronically, please email jfernandes@mt.gov or call 406-444-9155.

- \$361 million are spent on smokingrelated medical costs in Montana each year.¹⁰
- 1,400 Montanans die due to tobacco use every year.⁴

Table 2. Medical and Pharmaceutical Cost* Due to Selected Chronic Conditions, MAHCP, 2012

Chronic Condition	Avg. Annual Cost to Insurance per Person	Avg. Annual Out of Pocket Cost per Per- son	Est. # of Working Mon- tanans Effected Each Year†	Total Est. Cost to Montanans Each Year
Lung Cancer	\$39,806	\$2,258	200	\$8.4 million
Colorectal Cancer	\$27,213	\$1,177	200	\$5.7 million
Female Breast Cancer	\$8,288	\$608	400	\$3.6 million
Heart Disease	\$7,748	\$644	11,000	\$92.3 million
Arthritis	\$2,462	\$404	57,500	\$164.8 million
Diabetes	\$1,950	\$403	13,200	\$31.1 million
Asthma	\$308	\$121	30,000	\$12.9 million
High Cholesterol	\$287	\$141	67,600	\$28.9 million
Hypertension	\$280	\$228	76,200	\$38.7 million

^{*} Costs are based on de-identified claims data from the members of MAHCP which represent some of Montana's largest employers. Medical claims were included if they had a primary diagnosis for the specified condition and pharmaceutical claims were included if the drug class is used to treat the specified conditions and the member had at least one medical claim with a primary diagnosis for that same condition.

Worksite Wellness Programs Can Make a Difference

Worksite Health Promotion is proven to have a substantial impact on health care costs, absenteeism, workers' compensation costs, and productivity. Montana employers can access many no- to low-cost resources through the

Montana Worksite Health Promotion Coalition (MWHPC): 1) the Excellence in Worksite Health Promotion Awards, 2) educational opportunities, and 3) a website to access training and other resources.

Moody's Market achieved a Bronze Excellence in Worksite Health Promotion Award in 2012. As a local grocery store with six locations in northwest Montana, they used innovative, simple, and relatively lowcost ideas to establish a wellness program in 2010. Company offerings have included an Employee Assistance Program, fitness product sales/ give-a-ways, a walking club, healthy eating options in the workplace, a health and wellness lending library, subsidized gym memberships for employees and their families, and short-term incentive programs.

In the first two years after establishing their wellness program Moody's had an 80% decrease in worksite accidents and saw their worker compensation score improve, indicating an overall improvement in worksite safety and wellness. The decrease in worksite accidents has created significant savings for the company.



References

- 1) Centers for Disease Control and Prevention. (August 9, 2013). National Healthy Worksite Program Overview. Retrieved December 18, 2013 from http://www.cdc.gov/nationalhealthyworksite/about/index.html.
- 2) Centers for Disease Control and Prevention. (January 10, 2012). Health Effects of Cigarette Smoking. Retrieved August 1, 2012 from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/
- 3) Centers for Disease Control and Prevention. (February 22, 2011). Tobacco Use: Targeting the Nation's Leading Killer. Retrieved August 1, 2012 from http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm.
- 4) Centers for Disease Control and Prevention (n.d.). Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC). Retrieved on August 1, 2012 from http://apps.nccd.cdc.gov/sammec/index.asp.
- 5) Centers for Disease Control and Prevention. (April 27, 2012). Overweight and Obesity Causes and Consequences. Retrieved on August 1, 2012 from http://www.cdc.gov/obesity/adult/causes/index.html. 6) Robert Wood Johnson Foundation. (September, 2012). Bending the Obesity Cost Curve in Montana. Retrieved on January 10, 2014 from http://www.rvjf.org/content/dam/farm/reports/2012/rvjf401478
- 7) U.S. Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Jones and Bartlett Publishers. 1998: Sudbury, MA. SG. Wannamethee, AG Shaper, IJ Perry, Smoking as a Modifiable Risk Factor for Type 2 Diabetes in Middle-Aged Men, Diabetes Care; Sept. 2011; 24(9).
- 9) Cho NH, Chan JC, Lim S, Kim HL, Choi SH. Cigarette smoking is an independent risk factor for type 2 diabetes: a four-year community-based prospective study. Clinical Endocrinology (Oxf.); Nov 2009; 71(5); 679-85.
- (0) American Lung Association. Montana-Eacts. Retrieved January 28, 2014 from http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/states/montana.html.
- 11) Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. U.S. Department of Health and Human Services. 2008; Washington, DC.
- 12) Centers for Disease Control and Prevention. (December 17,2009). Chronic Diseases: The Power to Prevent, The Call to Control. Retrieved July 30, 2012, from http://www.cdc.gov/chronicdisease/resources/publications/AAG/
- 13) Montana Department of Labor & Industry. Montana Occupational Injuries and Illnesses 2012. Retrieved January 10, 2014 from http://ourfactsyourfuture.org/admin/uploadedPublications/5381_OSHS12.pdf

[†]Cancer incidence data are from the Montana Central Tumor Registry. Prevalence data for all other chronic conditions are from the 2011 Behavioral Risk Factor Surveillance System.



1400 E Broadway Helena, MT 59620-2951

For more information contact:

Jessie Fernandes

Program Manager

(406) 444-9155

jfernandes@mt.gov

Available Resources

Montana Worksite Health Promotion Coalition:

www.montanaworksitewellness.org

- Excellence in Worksite Health Promotion Award application and toolkit as well as other Montana specific resources.
- Montana Public Health and Safety Division:

www.dphhs.mt.gov/publichealth

- Has a variety of health information on diseases, healthy living, emergency preparedness, injury and violence prevention, and environmental health.
- Chronic Disease Self-Management Workshops:

www.dphhs.mt.gov/arthritis/selfmanagement

- Knowledge and skills needed to manage chronic diseases and live a healthier life
- Montana Tobacco Quit Line, 1-800-QUIT-NOW:

www.dphhs.mt.gov/mtupp/quitlinefactsheet

- Personalized coaching and free or reduced cost cessation medication for all Montanans who are ready to quit
- Diabetes and Cardiovascular Disease Prevention and Arthritis Exercise Programs:
 - Safe exercise for adults with arthritis to help manage joint pain and stiffness www.dphhs.mt.gov/arthritis/ exerciseprograms
 - Nutrition and exercise coaching for adults at high risk for type 2 diabetes and cardiovascular disease
 Apply and the company of the coaching for adults at high risk for type 2 diabetes and cardiovascular disease

Report Highlights: Worksite Wellness

- Overview of the connection between lifestyle choices, chronic disease, and worksite injury or illness
- Description of the cost of health care for chronic conditions
- Example of how worksite wellness programs can effectively reduce health care costs, absenteeism, workers' compensation costs, and productivity

4,500 copies of this public document were published at an estimated cost of \$0.19 per copy, for a total cost of \$855.00, which includes \$855.00 for printing and \$0.00 for distribution. This publication was supported by the Cooperative Agreement Number CDC-RFA-EH09-901 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.